

PART B—ISSUE FEE TRANSMITTAL

142-1290
561-30.00

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1. CORRESPONDENCE ADDRESS

B5M170815

GERALD T BODNER
HOFFMAN & BARON
350 JERICHO TURNPIKE
JERICHO NY 11753

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

NOV 06 1996

Street Address

City, State and ZIP Code

DT

 Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/586,555	01/16/96	009	HANNAHER, C	2506 08/15/96
First Named Applicant	CHIQU,		WALTER C.	

TITLE OF
INVENTION

SQUARE ANTI-SYMMETRIC UNIFORMLY REDUNDANT ARRAY CODED APERTURE
IMAGING SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 334-72	250-363.060	D11	UTILITY NO		\$1250.00	11/15/96
3. Correspondence address change (Complete only if there is a change)				4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.		
040 WT 11/20/96 08586555				1 142	1,290.00 CK	HOFFMANN & BARON
040 WT 11/20/96 08586555				1 561	30.00 CK	1 _____ 2 _____ 3 _____
5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)						

(1) NAME OF ASSIGNEE:
AIL Systems Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY)
Comhac Road, Deer Park, New York 11729

6a. The following fees are enclosed:
 Issue Fee Advance Order - # of Copies 10

6b. The following fees should be charged to:

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(ENCLOSE A COPY OF THIS FORM)

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Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

11/4/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

on: November 4, 1996 (Date)

Odena Guariglia (Name of person making deposit)

(Signature)

November 4, 1996 (Date)

1. TRANSMIT THIS FORM WITH FEE